

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name		Date Stamp	California Form 802
County of Los Angeles			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4111	bgarcia@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

2. Function or Event Information		Face Value of Each Ticket/Pass \$	45.00
Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Date(s)	8 / 1 / 2019
Event Description <input type="text"/> Dodgers <small>Provide Title/Explanation</small>		If no:	<input type="text"/> Dodgers <small>Name of Source</small>
Ticket(s)/Pass(es) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If yes:	<input type="text"/> <small>Official's Name (Last, First)</small>
Was ticket distribution made at the behest of agency official? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			

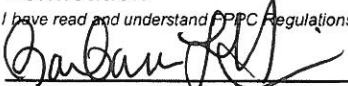
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Barbara Garcia	Ticket Administrator	08/16/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

45.00

Event Description Provide Title/ExplanationDate(s) 2019Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no:

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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45.00

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45.00

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Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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Face Value of Each Ticket/Pass \$

45.00

Event Description Provide Title/ExplanationDate(s) 2019Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no:

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes:

Official's Name (Last, First)

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213-974-4111	bgarcia@bos.lacounty.gov		

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

45.00

Event Description Dodgers
Provide Title/ExplanationDate(s) 8 / 6 / 2019Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no:

Dodgers

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes:

Official's Name (Last, First)

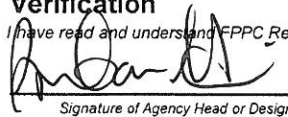
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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	Barbara Garcia	Ticket Administrator	08/16/2019
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

45.00

Event Description Dodgers
Provide Title/ExplanationDate(s) 8 / 7 / 2019Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no:

Dodgers

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes:

Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 45.00

Event Description Provide Title/ExplanationDate(s) 2019 Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	45.00
Event Description	Dodgers	Date(s)	8 / 10 / 2019
	Provide Title/Explanation		
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Dodgers
			Name of Source
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	
			Official's Name (Last, First)

3. Recipients

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 Signature of Agency Head or Designee	Barbara Garcia Print Name	Ticket Administrator Title	08/16/2019 (Month, Day, Year)
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Event Description	Dodgers		Date(s)	8	11	2019
Provide Title/Explanation						
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Dodgers			
		Name of Source				
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	Official's Name (Last, First)			

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